Please refer to Section V. Line-by-Line Instructions for Completing

# Notification of Regulated

Date Received (For Official Use Only)

EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).  Waste /	Activity  mental Protection Agency	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	The state of the s	
A. Initial Notification  B. Subsequent Notification (Complete item C)	PADO1459537	511
li. Name of Installation (Include company and specific site name)	The second secon	
BEST CHEVROLET		
III. Location of Installation (Physical address not P.O. Box or Rou	te Number)	
Street	The second secon	
245 N MAIN ST		
Street (Continued)		
City or Town	State Zip Code	÷.
SPRING GROVE	PA117362-	
County Code County Name		:
13340RK		
IV. Installation Mailing Address (See instructions)		
Street or P.O. Box		- Marine
245 N MAIN ST		
City or Town	State Zip Code I	
SPRING GROVE	PA17362-	
V. Installation Contact (Person to be contacted regarding waste a		
	(First)	
SHEARER	3 u 3 A W	
	Phone Number (Area Code and Number)	
SRV MANAGERIII	717-225-4700	
VI. Installation Contact Address (See instructions)	11 11 -   &   &   5   17   7   6   6	
A. Contact Address D. Carret and D. C. Contact Address		
	ISITITITITI	
X	State Zip Code	
SPRING GROVE	PA17362-	-T
VII. Ownership (See instructions)		
A. Name of Installation's Legal Owner	And the state of t	
A mand of modellands a Logar dunie.		
1100001001101101		7
Street, P.O. Box, or Route Number		
	State Zip Code	
City or Town	T T TOWN TO THE T	
SP K   N G   G K O V E   B. Land Type		4)
Phone Number (Area Code and Number)	Indicator Month Day	Year
717-225-4700 P	P Yes \( \) No \( \) / \( \) 0 /	71/

	ID - For Official Use Only
### 15   ###	
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instr	uctons)
A. Hazardous Waste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs)  2. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only b. For commercial purposes  Mode of Transportation  1. Air 2. Rail 3. Treater; Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.  4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace  1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s)  3. Highway  4. Water 5. Other - specify  5. Underground injection Control	1. Used Oil Recycling Marketer  a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device  a. Utility Boiler  b. Industrial Boiler  c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner- indicate Type(s) of Activity(ies) a. Process  l. Re-refine
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes correspondent of the second state of the second	
(D001)	08+D018+D027
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions If you need to Ils	nt more than 12 waste codes.)
1	11 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See I	Instructions.)
1 2 3 4	5 6
X. Certification	
I certify under penalty of law that this document and all attachments were prepared under my a system designed to assure that qualified personnel properly gather and evaluate the inform person or persons who manage the system, or those persons directly responsible for gatherin is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there information, including the possibility of fine and imprisonment for knowing violations.	ation submitted. Based on my inquiry of the g the information, the information submitted
Signature Name and Official Title (Type or print)	Date Signed
Susana Shearer SUSAN A. SHEARER SKV	1/gh, 2/8/99
XI. Comments	and the state of t
Safely-Kleen helped Complete this Form	1. Jan
New Owner & Name Changer OFN: All Sta	
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III	BAH/MS 4/15/99

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Paguery Assures United States Environmental Protection Agency Washington, DC 20460 **Notification of Hazardous Waste Activity** and Recovery Act). For Official Use Only Comments C RFC'O Date Receiv Installation's EPA ID Number Approved C Street or P.O. Box City or Town State **ZIP Code** ocation of Installation Street or Route Number City or Town State **ZIP** Code **Installation Contact** Name and Title (last, first, and job title) Phone Number (area code and number) Ownership A. Name of Installation's Legal Owner B. Type of Ownership (enter code) Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity **B. Used Oil Fuel Activities** Boneferor 1b. Less than 1,000 kg/mo. ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner ☐ 3. Treater/Storer/Disposer 4. Underground Injection ☐ b. Other Marketer ☐ 5. Market or Burn Hazardous Waste Fuel C. Burner (enter 'X' and mark appropriate boxes below) 7. Specification Used Oil Fuel Marketer (or On site Burner) a. Generator Marketing to Burner Who First Claims the Oil Meets the Specification □ b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) B. Rail C. Highway D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number B. Subsequent Notification (complete item C) **First Notification** 

				ID-	- For Official Use Only	
				C W		T/A C
Y	Description of Ha	zardous Wastes (con	ntinued from from			
A. I	lazardous Wastes from		Enter the four-digit nu	mber from 40 CFR Part 26	31.31 for each listed haz	ardous waste
	1	2	3	4.	5	6
X	FOOIÀ	F002*	F003	XF004*	F005	
	7	8	9	10	10	12
	Cores	6/13/88				
		Specific Sources. Ente		er from 40 CFR Part 261.3	2 for each listed hazardo	us waste from
	13	14	15	16	17	18
	19	20	21	22	23	24
	25	26	27	28	29	30
CC	Commercial Chemical	Product Hazardous Was	tes. Enter the four-did	it number from 40 CFR Pa	art 261.33 for each chen	nical substance
		which may be a hazard				
	31	32	33	34	35	36
	37	38	39	40	41	42
	43	44	45	46	47	48
D. I	isted Infectious Waste	es. Enter the four-digit nu	imber from 40 CFR Pa	rt 261.34 for each hazard Jse additional sheets if ne	ous waste from hospital cessary.	s, veterinary hos-
i	49	50	51	52	53	54
						-
E. C	Characteristics of Nonl	isted Hazardous Wastes	. Mark 'X' in the boxes	s corresponding to the cha	racteristics of nonlisted	hazardous wastes
у	our installation handles	s. (See 40 CFR Parts 261. N/→	.21 — 261.24)			
	1. Ignitable (D001)	<b>₹</b>	2. Corrosive (D002)	613 68 3. Reactive (D003)		4. Toxic (D000)
-	Certification					
	I certify under pen	alty of law that I haved documents, and	e personally exan	nined and am familia inquiry of those indiv	r with the informati viduals immediately	on submitted in responsible for
	obtaining the infor	mation, I believe tha	t the submitted inf	ormation is true, accu	ırate, and complete.	I am aware that
	nature	n perialities for subfi	<u> </u>	nation, including the picial Title (type or print)		Signed
			Mala		From 6	- /-88
Ľ.			XIIICAGE	SIUMAN	1100.	,

EPA Form 8700-12 (Rev. 11-85) Reverse

United States Environmental Protection Agency Washington, DC 20460

## **\$EPA**

#### **Notification of Hazardous Waste Activity**

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

			and Recovery	Act).		
For Official Use Only						
Com	ments	_	_			
C C		Soupled	to			
Installation's EPA ID Number	Approved	_ Stapled Fages 1	anel 2.			
C						
I. Name of Installation						
II. Installation Mailing Address						
	r P.O. Box					
<u>C</u> 3						
City or Town			State	ZiP Code		
<u>C</u> 4						
III. Location of Installation						
Street or Ro	oute Number					
<u>C.</u> 5						
City or Town			State	ZIP Code		
6						
IV. Installation Contact						
Name and Title (last, first, and job title)		Pho	ne Number <i>(area</i>	a code and number)		
2						
V. Ownership  A. Name of Installation's Legal Owner	-		P. Tuno of O	wnership (enter code)		
CRUSSELL WANTZ			D. Type Gr O	whership terrier code		
VI. Type of Regulated Waste Activity (Mark 'X' in the app	propriate ho	ves Refer to ins	tructions			
A. Hazardous Waste Activity	propriate bo.		il Fuel Activitie	S		
☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.	□ 6.0#-St					
2. Transporter	6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)					
3. Treater/Storer/Disposer	a. Generator Marketing to Burner					
4. Underground Injection	D	o. Other Marketer				
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		. Burner				
a. Generator Marketing to Burner	☐ 7. Specif	fication Used Oil Fu	el Marketer (or (	n site Burner)		
☐ b. Other Marketer	Who.F	First Claims the Oil	Meets the Speci	fication		
☐ c. Burner	ļ					
VII. Waste Fuel Burning: Type of Combustion Device (ent. which hazardous waste fuel or off-specification used oil fuel is burned. S						
☐ A. Utility Boiler ☐ B. Industria			ndustrial Furnac			
VIII. Mode of Transportation (transporters only — enter						
	ther (specify)	oropriate boxies	/			
IX. First or Subsequent Notification						
Mark 'X' in the appropriate box to indicate whether this is your install notification. If this is not your first notification, enter your installation's E	lation's first no EPA ID Number	tification of hazard in the space provid	ous waste activi	ty or a subsequent		
	,		stallation's EPA	ID Number		
☐ A. First Notification ☐ B. Subsequent Notification (complete item		J.C. G.				

United States Environmental Protection Agency Washington, DC 20460

## **⊕**EPA

#### **Notification of Hazardous Waste Activity**

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

TEL 74 Notification of Mazardous	Waste Activ	and Recovery Act).						
For Official Use Only								
Comn	nents							
C C	S	agreed toges 1, 2, and 3,						
Installation's EPA ID Number	Approved ( PO	ges 1,2, and 3,						
C T/A C								
F 1  I. Name of Installation								
i. Italie of installation								
II. Installation Mailing Address Street or	P.O. Box							
3		State ZIP Code						
City or Town		State ZIP Code						
4								
III. Location of Installation  Street or Ro	ute Number							
<u>c</u>								
5 City or Tours		State ZIP Code						
City or Town		State Zir Code						
6								
IV. Installation Contact  Name and Title (last, first, and job title)		Phone Number (area code and number)						
C.   Name and Title past, inst, and job title)		Those (value) area code and frame)						
2								
V. Ownership		D. Time of Ourseashin (automorale)						
A. Name of Installation's Legal Owner		B. Type of Ownership (enter code)						
RMICHEAL MEAGER		P						
VI. Type of Regulated Waste Activity (Mark 'X' in the app								
A. Hazardous Waste Activity		Used Oil Fuel Activities						
☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter	6. Off-Specification (enter 'X' and ma	rk appropriate boxes below)						
3. Treater/Storer/Disposer	a. Generato	r Marketing to Burner						
4. Underground Injection	☐ b. Other Ma	rketer						
☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)	🗆 c. Burner							
a. Generator Marketing to Burner		ed Oil Fuel Marketer (or On site Burner) the Oil Meets the Specification						
☐ b. Other Marketer ☐ c. Burner	VVIIO-I II St Claims	the on weets the openication						
VII. Waste Fuel Burning: Type of Combustion Device (ente	er 'X' in all appropriate box	es to indicate type of combustion device(s) in						
which hazardous waste fuel or off-specification used oil fuel is burned. S	ee instructions for definit	ions of combustion devices.)						
☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace  VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es)								
		20/109/						
·	her (specify)							
IX. First or Subsequent Notification  Mark 'X' in the appropriate box to indicate whether this is your installation in this is not your first notification, enter your installation's E	ation's first notification of PA ID Number in the spa	f hazardous waste activity or a subsequent						
The state of the s	Transcrin the span	C. Installation's EPA ID Number						
☐ A. First Notification ☐ B. Subsequent Notification (complete item	m C)	C. Installation S Li A ID Number						



A Division of Sun Oil Company of Pennsylvania

P.O. BOX 7368, PHILADELPHIA, PA. 19101/1845 WALNUT STREET, PHILADELPHIA, PA. 19103

November 26, 1980

EPA Region III P. O. Box 1480 Philadelphia, PA 19107

ATTN: Ms. Shirley Bulkin

RE: RCRA Notification Forms - Status Charge Facilities
Owned, Operated or Supplied Product by Sunmark
Industries, A Division of Sun Oil Company of Pennsylvania

Dear Ms. Bulkin:

In an earnest attempt to meet all the new federal requirements of the hazardous waste management regulations, Sunmark Industries, a division of Sun Oil Company of Pennsylvania, filed hazardous waste activity notification forms for all facilities that we owned, operated or supplied products to. Please see appended letters which explain notification procedure.

When the original RCRA notification forms were filed in August, we filed for both generation and storage/treatment/disposal activities. Since that time, new legislation was promulgated. This legislation appears in the October 30, 1980 Federal Register and defines when a waste first becomes a waste. It clearly establishes that our facilities are not storage facilities. Consequently, since our facilities are not storage facilities, they will not be filing any storage/treatment/disposal permit applications.

In order not to hinder your agency's search for illegally operated hazardous waste facilities, we, at Sunmark, respectfully request the removal of all our facilities named on the storage/treatment/disposal list.

Thank you for your cooperation.

Sincerely,

SUNMARK INDUSTRIES, A Division of Sun Oil Company of Pennsylvania

Marsha S. Weiss Muco/sc

Environmental Specialist

1000

#### Hazardous Waste Quantity Notification

Business Name Juckenhaugh Char. C.
Business Address 245 D. Thein St.
EPA ID Number 23-1317958
PAD014595375
Hazardous Waste Generated
0 - 100 kg/month //
100 - 1000 kg/month
1000 kg/month or more //

Delses B. Luckenhaugh Anen.
Signature and Title



Official Business Penalty for Private Use \$300

United States Environmental Protection Agency Washington DC 20460



JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGIONIII
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

. .

<b>ウヒバ</b>	NOTIFICAT	ON OF HAZARDOUS	WAST	EACTIVITY	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left, if any of the
INSTALLA- TION'S EPA I.D. NO.	PAZOLL	15 9 53 75			information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
1. STALLATION	D. B. D. A. A. F. G. S.				complete and correct, leave terms 1, 11, and 111 below blank. If you did not receive a preprinted
INSTALLA-	PAD014595	375			label, complete all items. "Installation" means a single site where hazardous waste is generated,
II. MAILING	LUCKENBAU	GH CHEVROLET CO			treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer
	GRAY DON 1 245 N MAIN				to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
LOCATION IIL OF INSTAL- LATION	SPRING GR		PA	17362	information requested herein is required by law information 3010 of the Resource Conservation and Resource Act).
FOR OFFICIAL	ISE ONLY				
		COMME			h. Salta addi
C U			Y PE	West .	10
INSTALLATION OF THE	ON'S EPA I.D. NUM	TIAS APPROVED O	r mo .	16	
FITHOUT	459537	3 11 KH KH	011	18	
I. NAME OF INS					
LUCKEN	BAUGHI	CHIENROLLET	Co		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
II. INSTALLATIO	ON MAILING AD	STREET ON P.O. BOX	• •		
चे ग्रहा ग		ST			<del>T  </del>
3245 N	IMALINI				<del></del>
4 SPRIN		€		PA17	362
III. LOCATION C	F INSTALLATIO	ON A STATE OF THE PROPERTY OF		San Caraca	grand a ser a series
	STRE	ET OR ROUTE NUMBER			<del></del>
5 5 A M €	AIGIST MIT	Malini 15H1			41
	CITY	OR TOWN		87. ZII	P CODE
650 run	g   Grolv	الللللا			362
IV. INSTALLAT		ND TITLE (last, first, & job titl	rangana Pern	de V	PHONE NO. (area code & no.)
EGRAU					
13 16	DIOINI IMIAI	INT MGR			1301.341.6700
V. OWNERSHIP	一人,我们就是一个	A. NAME OF INSTALLAT	ION'S LE	GAL OWNER	
8 S U N O	IL COM	PANY OF P	ENN	SYLVAN	NIA
(enter the appropri	SWNERSHIP ate letter into box)				enter "X" in the appropriate box(es);
F - FEDERAL		A. GENERATIO			TRANSPORTATION (complete item VII)
M - NON-FE		C. TREAT/STOR	RE/DISPO	SE	. UNDERGROUND INJECTION
VII. MODE OF T	RANSPORTATIO	N (transporters only - ent	er "X" i	n the appropriate	box(es))
· ''	···	C. HIGHWAY G		••	IR (apecify):
Mark "X" in the ap-	propriate box to indic	OTIFICATION  cate whether this is your install	lation's fir	st notification of he	szardous waste activity or a subsequent notification
If this is not your fi	rst notification, enter	your Installation's EPA I.D. N	Number in	the space provided	below.
					C. INSTALLATION'S EPA I.D. NO.
X A. PIRST	NOTIFICATION	. SURSEQUENT N	OTIFICA	TION (complete ite	mc, papp/42/923/8
A CONTRACTOR OF THE PROPERTY O	N OF HAZARDO	and the second second control of the second	r dip		
Please go to the reve commonweal and 4:05 11:00:00 Should	TALLE SHOW AND THE WARRANT STATE OF THE STAT	provide the requested informations and the communications are the communications and the communications are communications and communications are communications are communications and communications are communi	Liop. Cerus <del>en marcas</del>	PASK STRANGE HALLSHAMMING	CONTINUE ON REVERS

		1.1	D. – FC	R	OFF	ici	AL	US	EC	NL	Υ.		
	5		TT	т	T		_					T/A	u
ı	W	IV IA	lolo	11	14		ዓ	7	17	2	abla	7	1
	**	- 1		1.	L'1		_	, ,	)	LL	_	4	
- 1	•	2								,	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)										
A. HAZARDOUS WASTES FRO waste from non-specific sour				40 CFR Part 261.31 for	each listed hazardous					
1 2 3 4 5 6										
	23 25	23 26	25 26	23 - 26	23 26					
7	8	9	10	11	12					
23 26 23 26 23 26 23 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 27 27 27 27 27 27 27 27 27 27 27 27										
	B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.									
13	14	15	16	17	18					
23 25	23 26	23 26	23 - 26	23 26	23 2 26					
19	20	21	22	23	24					
23 - 26	26	27	28 - 26	z3 - z6 29	30					
<del>                                   </del>	<del>  1</del>		<del>                                     </del>		<del>                                      </del>					
23 26	23 26	23 - 26	23 - 26	23 - 26	23 26					
C. COMMERCIAL CHEMICAL stance your installation hand	PRODUCT HAZARI es which may be a ha	OOUS WASTES. Enter to izardous waste. Use add	the four—digit number f litional sheets if necessa	rom 40 CFR Part 261.33 ry.	3 for each chemical sub-					
31	32	33	34	35	36					
23 26	23 28	23 25	23 26	23 - 25	23 26					
37	38	39	40	41	42					
43	44	45	46	47	48					
D. LISTED INFECTIOUS WAS	TES. Enter the four-	digit number from 40 C	23 - 26 CFR Part 261.34 for eac	h listed hazardous waste	from hospitals, veterinary					
hospitals, medical and research	th laboratories your in	nstallation handles. Use	additional sheets if nee	essary.						
49	50	51	52	53	54					
E. CHARACTERISTICS OF NO	N-LISTED HAZAR	DOUS WASTES. Mark	"X" in the boxes corre	ponding to the characte	ristics of non-listed					
hazardous wastes your instalk	ation handles. (See 4	0 CFR Parts 261.21 — 2	261.24.)							
X 1. IGNITABLE (D001)	(100	2. CORROSIVE 02)	☐3. REAC (D003)		X 4. TOXIC (D000)					
X. CERTIFICATION										
I certify under penalty of attached documents, and t I believe that the submitte mitting false information, is	that based on my d information is t	inquiry of those indi rue, accurate, and co	viduals immediately omplete. I am aware	responsible for obtain	ning the information,					
SIGNATURE	Secretary and	K .	CIAL TITLE (type or p	rint)	DATE SIGNED					
	6	A. B. C		Safety-	8/4/80					
Mgr, Environmental, Safety-  EPA Form 8700-12 (6-80) REVERSE  Health and Security										

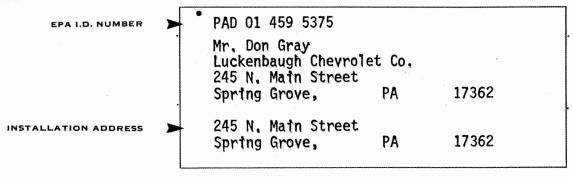
6	EPA	NOTIFIC		VIRONMENTAL PRO		INSTRUCTIONS: If you received a preprinted			
I.	INSTALLA- TION'S EPA I.D. NO. NAME OF IN- STALLATION INSTALLA- TION MAILING ADDRESS	P.	LEASE	E PLACE LABEI	L IN THIS SPA	.CE	label, affix it in the space information on the label it through it and supply the in the appropriate section complete and correct, lead below blank. If you did not label, complete all items, single site where hazardo treated, stored and/or disporter's principal place of the INSTRUCTIONS.	is incorrect, draw a line of the correct information in below. If the label is over items I, II, and III of receive a preprinted "Installation" means a pus waste is generated, sposed of, or a transf business. Please refer	
	LOCATION OF INSTAL- LATION						CATION before comple information requested he (Section 3010 of the Reso Recovery Act).	eting this form. The rein is required by law	
	R OFFICIAL	USE ONLY							
t				CC	DMMENTS		FAA REGEST	ON T	
15		ON'S EPA I.D.	NUMBER	R APPROVED	(yr., mo., & day	()	Aug I Dan a		
F	PADO	45953		7/A C 2 1		£ 22	AUG 1 8 80 0 0 0 3	350	
I. N	NAME OF INS		1						
4	UCKEN	BAUGI	H c	HEVROLE	ET CO				
II.	INSTALLATI	ON MAILING	GADDR	ESS			67		
				REET OR P.O. BOX					
3	2 4 5 N	MAIN	u s	T					
15	16	1. 1. 1. 1. 1. 1.					45		
c.			CITY OF	TOWN	11111	ST. ZIF	CODE		
4.	SPRUN	G GRI	S V E	<u> </u>		PA 17	362		
	LOCATION (	OF INSTALL	ATION						
6 1	<del></del>		7 7 7	OR ROUTE NUMBE	R		<del>.  </del>		
5	SAME	2451/	CITY OR	a   n   5   7		ST. ZIP	45 CODE		
с 6	20212		LIJ			PAID	3 6 2		
15 1	6		OVE			40 41 42 47	- 51		
IV.	INSTALLAT				-1 4/4/-1		PHONE NO. (grea co	ide & no.)	
2	GRAY			NT MGR			3 0 1 - 3 4 1 - 51 45 - 46	6/00	
V.	OWNERSHIP								
			<b>^</b>	NAME OF INSTAL	LATION'S LEGAL	OWNER			
8	16	IL CC		ANY OF	PENNS	YLVAN		95	
(en	B. TYPE OF ter the appropri	ate letter into b	(OX) VI				nter "X" in the appropri		
F	= FEDERAL		M	A. GENERA	STORE/DISPOSE	38	UNDERGROUND INJECT	, ,	
VII	. MODE OF T	RANSPORTA		transporters only	– enter "X" in th	e appropriate l	box(es))		
	•1	B. RAIL		C. HIGHWAY	D. WATER	E. OTHER	R (specify):		
	I. FIRST OR				installation's first no	atification of has	ardous waste activity or a s	ubsequent notification	
				ur Installation's EPA			elow.	TION'S EPA I.D. NO.	
	X A. FIRST	NOTIFICATIO	ON	B. SUBSEQUE	ENT NOTIFICATIO	N (complete iten			
IX.	DESCRIPTIO	N OF HAZA	RDOUS	WASTES					
Plea	se go to the reve	rse of this form	and prov	vide the requested inf	ormation.				

EPA Form 8700-12 (6-80) CONTINUE ON REVERSE



#### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)



## ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD014595375

04/20/99

BEST CHEVROLET
245 N MAIN ST
SPRING GROVE , PA 17362
SUSAN SHEARER SVC MGR

INSTALLATION ADDRESS

245 N MAIN ST SPRING GROVE ,PA 17362

EPA Form 8700-12A (1/98)

### CHEVROLET

Luckenbaugh Chevrolet Co. 245 N. Main St. P.O. Box 38 Spring Grove, PA. 17362





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III 6TH AND WALNUT STREETS PHILADEL PHIA, PENNSYLVANIA 19106